

17-4139

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<p><b>(a) PLAINTIFFS</b></p> <p><b>(b) County of Residence of First Listed Plaintiff</b> (EXCEPT IN U.S. PLAINTIFF CASES)</p> <p style="text-align: center;"><i>Phila</i></p> <p><b>(c) Attorneys (Firm Name, Address, and Telephone Number)</b></p> <p><i>Harry L. Sher 215-985-1003 1500 N. 6th Blvd Philadelphia 19102</i></p>	<p><b>DEFENDANTS</b></p> <p><i>Louisville Hospital, Allegheny Regional Health System, Virginia J. Jeffrey</i></p> <p><b>County of Residence of First Listed Defendant</b> (IN U.S. PLAINTIFF CASES ONLY)</p> <p><i>Allegheny</i></p> <p><b>NOTE:</b> IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p><b>Attorneys (If Known)</b></p> <p><i>Conrad 1741100</i></p>
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<p><b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)</p> <p><input type="checkbox"/> 1 U.S. Government Plaintiff</p> <p><input type="checkbox"/> 2 U.S. Government Defendant</p> <p><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input checked="" type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p><b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)</p> <table style="width: 100%;"> <tr> <th></th> <th>PTF</th> <th>DEF</th> </tr> <tr> <td>Citizen of This State</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p><i>Virginia</i></p>		PTF	DEF	Citizen of This State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Citizen of Another State	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Citizen or Subject of a Foreign Country	<input type="checkbox"/>	<input type="checkbox"/>
	PTF	DEF											
Citizen of This State	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Citizen of Another State	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
Citizen or Subject of a Foreign Country	<input type="checkbox"/>	<input type="checkbox"/>											

IV. NATURE OF SUIT (Place an "X" in One Box Only)			Click here for: Nature of Suit Code Descriptions.		
<p><b>CONTRACT</b></p> <p><input type="checkbox"/> 110 Insurance</p> <p><input type="checkbox"/> 120 Marine</p> <p><input type="checkbox"/> 130 Miller Act</p> <p><input type="checkbox"/> 140 Negotiable Instrument</p> <p><input type="checkbox"/> 150 Recovery of Overpayment &amp; Enforcement of Judgment</p> <p><input type="checkbox"/> 151 Medicare Act</p> <p><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)</p> <p><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits</p> <p><input type="checkbox"/> 160 Stockholders' Suits</p> <p><input type="checkbox"/> 190 Other Contract</p> <p><input type="checkbox"/> 195 Contract Product Liability</p> <p><input type="checkbox"/> 196 Franchise</p>	<p><b>TORTS</b></p> <p><b>PERSONAL INJURY</b></p> <p><input type="checkbox"/> 310 Airplane</p> <p><input type="checkbox"/> 315 Airplane Product Liability</p> <p><input type="checkbox"/> 320 Assault, Libel &amp; Slander</p> <p><input type="checkbox"/> 330 Federal Employers' Liability</p> <p><input type="checkbox"/> 340 Marine</p> <p><input type="checkbox"/> 345 Marine Product Liability</p> <p><input type="checkbox"/> 350 Motor Vehicle</p> <p><input type="checkbox"/> 355 Motor Vehicle Product Liability</p> <p><input type="checkbox"/> 360 Other Personal Injury</p> <p><input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice</p>	<p><b>PERSONAL INJURY</b></p> <p><input type="checkbox"/> 365 Personal Injury - Product Liability</p> <p><input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability</p> <p><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability</p> <p><b>PERSONAL PROPERTY</b></p> <p><input type="checkbox"/> 370 Other Fraud</p> <p><input type="checkbox"/> 371 Truth in Lending</p> <p><input type="checkbox"/> 380 Other Personal Property Damage</p> <p><input type="checkbox"/> 385 Property Damage Product Liability</p>	<p><b>FORFEITURE/PENALTY</b></p> <p><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881</p> <p><input type="checkbox"/> 690 Other</p> <p><b>LABOR</b></p> <p><input type="checkbox"/> 710 Fair Labor Standards Act</p> <p><input type="checkbox"/> 720 Labor/Management Relations</p> <p><input type="checkbox"/> 740 Railway Labor Act</p> <p><input type="checkbox"/> 751 Family and Medical Leave Act</p> <p><input type="checkbox"/> 790 Other Labor Litigation</p> <p><input type="checkbox"/> 791 Employee Retirement Income Security Act</p> <p><b>IMMIGRATION</b></p> <p><input type="checkbox"/> 462 Naturalization Application</p> <p><input type="checkbox"/> 465 Other Immigration Actions</p>	<p><b>BANKRUPTCY</b></p> <p><input type="checkbox"/> 422 Appeal 28 USC 158</p> <p><input type="checkbox"/> 423 Withdrawal 28 USC 157</p> <p><b>PROPER RIGHTS</b></p> <p><input type="checkbox"/> 820 Copyrights</p> <p><input type="checkbox"/> 830 Patent</p> <p><input type="checkbox"/> 835 Patent - Abbreviated New Drug Application</p> <p><input type="checkbox"/> 840 Trademark</p> <p><b>SOCIAL SECURITY</b></p> <p><input type="checkbox"/> 861 HIA (1395ff)</p> <p><input type="checkbox"/> 862 Black Lung (923)</p> <p><input type="checkbox"/> 863 DIWC/DIWW (405(g))</p> <p><input type="checkbox"/> 864 SSID Title XVI</p> <p><input type="checkbox"/> 865 RSI (405(g))</p> <p><b>FEDERAL TAX SUITS</b></p> <p><input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)</p> <p><input type="checkbox"/> 871 IRS—Third Party 26 USC 7609</p>	<p><b>OTHER STATUTES</b></p> <p><input type="checkbox"/> 375 False Claims Act</p> <p><input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))</p> <p><input type="checkbox"/> 400 State Reapportionment</p> <p><input type="checkbox"/> 410 Antitrust</p> <p><input type="checkbox"/> 430 Banks and Banking</p> <p><input type="checkbox"/> 450 Commerce</p> <p><input type="checkbox"/> 460 Deportation</p> <p><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations</p> <p><input type="checkbox"/> 480 Consumer Credit</p> <p><input type="checkbox"/> 490 Cable/Sat TV</p> <p><input type="checkbox"/> 850 Securities/Commodities/Exchange</p> <p><input type="checkbox"/> 890 Other Statutory Actions</p> <p><input type="checkbox"/> 891 Agricultural Acts</p> <p><input type="checkbox"/> 893 Environmental Matters</p> <p><input type="checkbox"/> 895 Freedom of Information Act</p> <p><input type="checkbox"/> 896 Arbitration</p> <p><input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision</p> <p><input type="checkbox"/> 950 Constitutionality of State Statutes</p>

**V. ORIGIN** (Place an "X" in One Box Only)

<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District (specify)	<input type="checkbox"/> 6 Multidistrict Litigation - Transfer	<input type="checkbox"/> 8 Multidistrict Litigation - Direct File
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**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): *Diversity*

Brief description of cause: *Medical Mal*

**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

**DEMAND \$**

**CHECK YES only if demanded in complaint:**

**JURY DEMAND:** ☐ Yes ☐ No

**VIII. RELATED CASE(S) IF ANY** (See instructions):

**JUDGE**

**DOCKET NUMBER** *SEP 15 2017*

**DATE** *9/15/17*

**SIGNATURE OF ATTORNEY OF RECORD**

**FOR OFFICE USE ONLY**

**RECEIPT #** **AMOUNT** **APPLYING IFP** **JUDGE** **MAG. JUDGE**

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff:

8263 Furber Ave, Philadelphia PA 19150

Address of Defendant:

1 Ash Lane Low Moor, VA 24457

Place of Accident, Incident or Transaction:

Virginia

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes ☐No ☒

Does this case involve multidistrict litigation possibilities?

Yes ☐No ☒

RELATED CASE, IF ANY:

Case Number: \_\_\_\_\_

Judge \_\_\_\_\_

Date Terminated: \_\_\_\_\_

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?

Yes ☐No ☒

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?

Yes ☐No ☒

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?

Yes ☐No ☒

4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?

Yes ☐No ☒CIVIL: (Place ☒ in ONE CATEGORY ONLY)

## A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts2. ☐ FELA3. ☐ Jones Act-Personal Injury4. ☐ Antitrust5. ☐ Patent6. ☐ Labor-Management Relations7. ☐ Civil Rights8. ☐ Habeas Corpus9. ☐ Securities Act(s) Cases10. ☐ Social Security Review Cases11. ☐ All other Federal Question Cases

(Please specify) \_\_\_\_\_

## B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts2. ☐ Airplane Personal Injury3. ☐ Assault, Defamation4. ☐ Marine Personal Injury5. ☐ Motor Vehicle Personal Injury6. ☒ Other Personal Injury (Please specify) *Welding*7. ☐ Products Liability8. ☐ Products Liability — Asbestos9. ☐ All other Diversity Cases

(Please specify) \_\_\_\_\_

## ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, *Harry Shev*, counsel of record do hereby certify:

☒ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;

☐ Relief other than monetary damages is sought.

DATE: *9/15/15**Harry J. Shev*  
Attorney-at-Law*17762*  
Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: *9/15/15**Harry J. Shev*  
Attorney-at-Law*17762*  
Attorney I.D.#

SEP 15 2017

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**CASE MANAGEMENT TRACK DESIGNATION FORM**

*Brown*  
v.  
*Kensler Hospital*

CIVIL ACTION

**17** 4139  
NO.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ( )
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ( )
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ( )
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.)
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ( )

9/15/15  
Date

Harry J. Skew  
Attorney-at-law

215-985-1063

267-649-8076

Attorney for RF  
hpsar/autism@gmail.com  
E-Mail Address

Telephone

FAX Number

E-Mail Address

**GAM**  
IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

**#4400**  
**GAM**  
LERROY BROWN

8263 FORREST AVE.

Phila. Pa 19150,

PLAINTIFF

CIVIL ACTION

vs.

LEWISGALE HOSPITAL ALLEGHANY

1 ARH LANE

LOWMOOR, VA 24457

AND

ALLEGHANY REGIONAL HEALTH SYSTEM

1 ARH LANE

LOWMOOR, VA 24457

And

JEFFREY TURNER

1 ARH LANE

LOWMOOR, VA 24457

AND

CONNIE HYLTON

1 ARH LANE

LOWMOOR, VA 24457

DEFENDANTS : JURY TRIAL DEMANDED

**FILED**

**SEP 15 2017**

**KATE BARKMAN, Clerk**  
By \_\_\_\_\_ **Dep. Clerk**

17 4139

**COMPLAINT**

**I. PARTIES**

1) Plaintiff, Leroy Brown U.S. citizen residing in Philadelphia, Pennsylvania 2)



2) Defendants are medical providers:

LEWISGALE HOSPITAL ALLEGHANY

1 ARH LANE

LOWMOOR ,VA 24457

AND :

ALLEGHANY REGIONAL HEALTH SYSTEM

1 ARH LANE

LOWMOOR ,VA 24457

And

JEFFREY TURNER

1 ARH LANE

LOWMOOR ,VA 24457

AND

CONNIE HYLTON

1 ARH LANE

LOWMOOR VA 24457

II. NATURE OF ACTION

3. This is an action for damages arising from plaintiff's personal injuries

III. JURISDICTION

Diversity.

IV. JURY DEMAND

4) Plaintiff demands a jury.

V. FACTS

5. Plaintiff was admitted to Defendants' care on September 15, 2015.

6. On January 22, 2015, Plaintiff was under the care and treatment of the Defendants when he suffered a stroke.

Paragraphs 7-18 not applicable.

19. The Defendants failed to provide proper care to Plaintiff.
20. The improper care that was rendered caused Plaintiff to suffer a subsequent stroke.
21. The aforesaid improper care increased the risk of harm to the Plaintiff and was the cause of his stroke.
22. During his hospitalization in Defendants' facility, Plaintiff was in the care of Defendants, their agents, servants, workers and/or employees, who did impliedly agree to exercise the degree of specialized care and skill in their care of Plaintiff as is expected of a person and facilities in their professional standing.
23. The negligence of the Defendants, their officers, nurses, agents, servants, and/or employees, consisted, of the following:
  - (a) Failure to possess the degree of care and skill ordinarily exercised in similar cases;
  - (b) Failure to exercise the requisite degree of care and skill;
  - (c) Failure to possess the requisite degree of knowledge and skill ordinarily possessed;
  - (d) Failure to conform to the requisite standards of care under the circumstances;
  - (e) Failure to properly and adequately supervise Defendants' agents, servants, or employees during Plaintiff's hospital stay;
  - (f) Failure to exercise reasonable care under the circumstances;
  - (g) Failure to have reasonable, diligent and properly trained personnel on duty to care for Plaintiff;
  - (h) Failure to properly supervise their agents, servants and/or employees in the care of Plaintiff;
  - (i) Defendants are responsible for the negligent acts and omissions of their agents, servants and/or employees;
  - (j) Failure to protect Plaintiff from unreasonable and foreseeable risk of harm;
  - (k) Failure to provide good and accepted practice regarding Plaintiff's care;
  - (l) Failure to adequately monitor and/or observe Plaintiff;
  - (m) Failure to follow procedures and protocol;
  - (n) Failure to adequately set-up necessary equipment;
  - (o) Failure to provide adequate and necessary personnel;
  - (p) Failure to warn Plaintiff;
  - (q) Failure to take necessary and prophylactic steps to protect Plaintiff;
  - (r) Failure to provide skilled and competent staff;

- (s) Failure to adequately assist Plaintiff;
- (t) Such other negligence as may be discovered during the course of discovery.

24. The Defendants are all health care providers and Plaintiff is asserting professional liability claims against said Defendants.

25. By reason of the negligence and carelessness of the Defendants, Plaintiff sustained the following injuries: a stroke, possible exacerbation and aggravation of pre-existing conditions and various other injuries, the exact extent of which are unknown at this time, shocking injury to his nerves, emotional and nervous system, which injuries may be and probably are of a permanent nature with permanent disability and loss of function, and all of which are serious injuries.

26. As a result of the injuries sustained, Plaintiff has been obliged to expend various sums of money for medicines and medical attention in and about endeavoring to treat and cure himself of his injuries, to his great financial damage and loss.

27. As a result of the aforesaid, Plaintiff in the past suffered and probably will in the future suffer great physical pain and agony; mental anguish and humiliation, he has in the past and probably will in the future be hindered and prevented from attending to his usual and daily duties, occupations, employments, pleasures and activities, and he has probably sustained a permanent impairment of his working ability and earning power.

28. As a result of the aforesaid, Plaintiff has incurred medical obligations and possible income losses as a result of the injuries sustained in this accident, the exact amount of which is unknown.

29. Said occurrence resulted solely from the negligence of the Defendants and was due in no manner whatsoever to any act or failure to act on the part of the Plaintiff.

30. At all times relevant hereto, Defendants acted or failed to act for themselves or for each other.


PRAYER FOR RELIEF

WHISEFORE, Plaintiff requests the Court to:

- a) Enter judgment in his favor and against defendants individually, jointly and severally;
- b) Award his general damages;
- ☒ c) Award compensatory damages to Plaintiff;
- ~~g) Award punitive damages to Plaintiff.~~

Respectfully submitted,

/s/: 4623 Harry J. Shislaw

  
HARRY J. SHISLAW ESQUIRE  
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